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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Now 2*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Now 2*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Knowledge management system and method

FILING FEE

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